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Worldwide Report

EPIDEMIOLOGY

No. 190

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BRIEFS

MYSTERIOUS DISEASE KILLS 70--Chittagong, June 1: A mysterious disease has claimed at least 70 lives in past seven days in three villages along the mouth of the River Ganges, the mass circulation Bengali daily, ITTEFAQ reported. A medical officer in Chittagong told the Associated Press that the disease attacked mostly young men who experienced high temperature and died within three to four hours after contacting it. He said a medical team has been rushed to the area to control the disease and also to extend medical assistance to an unspecified number of suspected cases.--APA. [Text] [Karachi MORNING NEWS in English 2 Jun 80 p 1]

CSO: 5400

INCIDENCE OF LEPROSY RISING NATIONWIDE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 22 Apr 80 p 20

[Text] Brasilia--The Ministry of Health has completed a study on leprosy showing that a higher incidence of the disease is "the trend of the decade," with about 66 percent of the cases under control in the country, whereas "the ideal would be a percentage of about 74 percent."

In 1970, the level of new cases reported was 5.88 per 100,000 inhabitants, a figure which developed by 1978 to 10.30 cases. Although only a preliminary study was completed in 1979, the report says that "it cannot be presumed that there has been any substantial change." Up to 1970, the incidence of the disease had been about 1.3 per 100,000 inhabitants.

The study shows that leprosy constitutes a public health problem in this country as a function mainly of the high morbidity rates, its scattering throughout the national territory, and the deforming and incapacitating nature of the disease. There are about 50,000 individuals incapacitated physically by leprosy in Brazil.

Control of the endemic disease, according to the report, "is a goal which can only be achieved in the long run because of the limited efficiency of the preventive measures currently available." Diagnosis of the disease in the developed clinical stages--about 70 percent of the new cases reported--outweighs diagnosis of the disease in the initial stages--about 30 percent of the new cases reported.

The Ministry of Health believes, however, that if indeed the rising trend in the annual rate of incidence observed in the period between 1970 and 1978 is continuing, "this reflects a more active search for cases of the disease, and there will be a better understanding of the magnitude of the problem."

It further urges the implementation of a preventive health program with a view to an understanding of the real aspects of this endemic disease.

Based on the scientific assumption that there are no effective primary preventive measures and in view of the long initial phase of the disease, the study proposes health education, along with control measures, with incentives for patients and carriers to present themselves for treatment, the elimination of false ideas as to the highly contagious nature of the disease and its incurability, as well as more publicity for treatment centers. Emphasis is placed on administration of the BCG vaccine "which shows some efficiency in preventing leprosy" for those in contact with lepers, those in the age group up to 2 years of age and the population of highly endemic areas.

The report regards the contagious patient "who while speaking, coughing or sneezing, emits thousands of germs, which are also given off through skin lesions on a continuous basis, except those ulcerations caused by malnutrition, as well as the perspiration, tears, urine and milk" as the source of infection.

5157
CSO: 5400

TASK FORCE TO COORDINATE POLIO CONTROL PROGRAM

Work Team Appointed

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 Apr 80 p 17

[Text] Brasilia--An interministerial task force made up of seven technicians from the Ministries of Health, Welfare and Social Security, the Panamerican Health Organization and the Brazilian Pediatrics Society was entrusted by the office of Minister Waldyr Arcoverde with drafting a plan of action for controlling poliomyelitis, as well as promoting and coordinating its development on the national level.

Headed by the national secretary for basic health action at the Ministry of Health, Joao Baptista Risi Junior, and with the director of the SESP [Special Public Health Service] foundation serving as executive secretary, the group includes the following: Jose Leita Saraiva (member of the National Immunization Program) and Milton Luiz Braga (distribution coordinator for the CEME [Central Enterprise for Medicine]), representing Social Security; Marco Antonio Cavalcanti Rocha (adviser to Minister Eduardo Portella), representing Education and Culture;
Cesar Mendizabal Morris (adviser in epidemiology to Area V of the OPAS); and Eduardo Motta Moreira (representing the Brazilian Pediatrics Society).

Polio Data Adequate

Rio de Janeiro O GLOBO in Portuguese 18 Apr 80 p 6

[Text] The exact number of poliomyelitis cases in Brazil is of secondary importance. The main thing is to know what to do, how to do it and then to carry it out. Where polio is concerned, the important thing is to vaccinate all children under 4 years of age, if possible. Our data is good enough to have an epidemiological understanding of the disease.

These statements, further in response to scientist Albert Sabin, were made by the director of the National Epidemiological Division of the Ministry of Health, Roberto Augusto Becker, who gave an address yesterday on polio

control measures at the Martagao Gesteira Pediatrics Institute on Fundao Island.

Annual Average

Although he said that the Ministry of Health is placing emphasis on epidemiological research, Becker could not give the number of poliomyelitis cases in Brazil. He said that the annual average for the past 10 years has been 3,000 cases. He said that routine vaccination reaches 48.6 percent of the children under 1 year of age, who should be immunized by that age.

He said that the present strategy of the Ministry of Health is based on the epidemiological survey system, which involves collecting basic information making it possible to analyze a phenomenon (in this case, polio).

"On the basis of the survey data provided by these studies," he explained, "the types of measures which should be undertaken to combat the disease are established. These are the control measures. The surveys are made on data by age group, situation of previous cases, viruses causing the disease, mortality and the trends in the disease in a given region."

Levels

Quoting Panamerican Health Organization Expanded Immunization Program figures, Roberto Becker said that there were 2,395 cases of poliomyelitis in Brazil in 1979, as compared to 26 in the United States and 13 in Argentina.

"The disease is universally endemic," he said, "and the level varies in accordance with the characteristics of each country. Climate and population density are two important factors."

Becker said that of the three different types of virus causing polio, Type 1 predominates, precisely in the areas where the greatest number of wild virus (not vaccinal) is to be found, including the greater part of the country. As to the age range in which the incidence of the disease is highest, he said that 91 percent of the cases involve children under 4 years of age.

Strategy

Roberto Becker said that there are three priority strategies for combating polio in Brazil. The first is routine vaccination of infants, who should be immunized beginning at 2 months of age. The second and third doses should be administered at intervals of 2 months at a maximum, and a booster dose should be given 1 year after the 3rd.

He explained that the second strategy is what is called block vaccination. It involves massive vaccination of the population in the places where outbreaks occur. These must be speedy vaccination campaigns and must reach the regions adjacent to those affected as well. By way of example, he mentioned the recent vaccination in Florianopolis, reaching 80 percent of the children under 5 years of age.

"The third strategy," Becker concluded, "is the lightning vaccination campaign which has already been announced and scheduled for all Brazilian municipalities on 14 June and 16 August. Similar to block vaccination, this allows reaching the priority population in a brief period of time. The result hoped for is the replacement of wild virus by the vaccinal variety."

5157
CSO: 5400

MEASLES IMMUNIZATION STATUS IN PARANA, CEARA OUTBREAK REPORTED

Parana Outbreak

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 27 Apr 80 p 29

[Text] Curitiba--The Parana Secretariat of Health decided to alter the plan for vaccination against measles--4,000 cases thus far this year, as compared to a little over 1,000 in the comparable period of 1979--following a meeting with Dr Roberto Becker, head of the Epidemiological Department at the Ministry of Health. The state-wide campaign will not be pursued, and vaccination coverage will be sought for only 400,000 children (original plans specified 1.2 million) and vaccination will be carried out in 2 stages.

According to the secretary of health, Oscar Alves, the changes were dictated by technical considerations. "An interval of 3 weeks between the 2nd and 3rd doses of vaccine against polio is necessary, for otherwise, one vaccine will cancel out the effect of the other."

He was unable to explain the report carried in a Sao Paulo newspaper last week to the effect that Minister Waldyr Arcoverde had been surprised by an outbreak of measles in Parana, since it is unlikely that he was unaware of the data already provided to the ministry technicians by the secretariat. "The Ministry of Health officials have been aware of the incidence of measles in Parana since the end of last year," he noted, further recalling that the problem was discussed in February with Roberto Becker himself and the scientist Albert Sabin, during the visit he paid to Curitiba to analyze the system of vaccination against polio.

"At that time," Oscar Alves said, "they even advised against vaccination for measles, for various reasons." In Sabin's case, it was because he feared that the vaccine against measles, which is injected, might discourage the interest of the people in vaccination against polio, which is effected orally. The reason given by the Ministry of Health technician was his belief that one of the vaccines would be cancelled out with simultaneous application.

Ceara Outbreak

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 1 May 80 p 14

[Text] Fortaleza--Three children and one adult have died and five persons were hospitalized in Santa Casa de Sobral, 200 kilometers from Fortaleza, as a result of an outbreak of measles in the district of Caracara, one of those most affected by the drought in the northern part of Ceara. The disease was identified by neurologist Wagner Horta Goes.

The secretary of state, Macario de Brito, announced yesterday in the capital of Ceara that the regional office of his administration in that city has already been instructed to send doctors to Caracara.

The report on the outbreak reached Fortaleza through a Sobral political leader, Antonio Felix Ibiapina Filho, who went to the capital to ask the state authorities to provide vaccination for the population exposed to the disease.

5157
CSO: 3400

BRIEFS

YELLOW FEVER REPORTED--Brasilia--Four cases of sylvan yellow fever have been reported in the southern part of Maranhao, all within a single family in the locality known as Monte Alto. Fearful of an outbreak of the disease, the Ministry of Health has initiated the vaccination of the entire population. The total number of cases of sylvan yellow fever reported this year comes to 15, added to those which occurred between January and March in Goias. Recently the disease has only been reported in the ensootic area within the Amazon region and in parts of the Center-West, East and South, where the virus is to be found. [Text] [Rio de Janeiro JORNAL DO BRASIL in Portuguese 26 Apr 80 p 12] 5157

CSO: 5400

BRIEFS

MEASLES EPIDEMIC KILLS 20--Yaounde (Cameroun), May 22--A measles epidemic has claimed the lives of about 20 children in a refugee camp housing Chadian refugees at Kounseri, near Cameroun's border with Chad, a reliable source said here yesterday. Cameroun health authorities and French Medical teams helping the refugees had taken steps to control the outbreak, the source added. [Text] [Islamabad THE MUSLIM in English 23 May 80 p 8]

CSO: 4400

NATIONWIDE TUBERCULOSIS CAMPAIGN TO BE LAUNCHED

Addis Ababa THE ETHIOPIAN HERALD in English 18 May 80 pp 1, 4

[Text]

ADDIS ABABA (EH) — Socialist Ethiopia will soon launch a national tuberculosis control programme as part of improving health services under the National Revolutionary Development Campaign.

Disclosing this here yesterday, Comrade Dr. Befikadu Sissay, Head of the National TB Control Programme, said that the feasibility study for the programme has already been completed and the next task will be to make it functional.

Comrade Dr. Befikadu, who is also the Medical Director of the Addis Ababa TB Demonstration and Training Centre, told *The Ethiopian Herald* that the National TB Control Programme, envisaged originally in 1976, will be a body responsible for prevention, control and cure of tuberculosis throughout Ethiopia with its own office and staff.

Comrade Dr. Befikadu pointed out that a sample survey in 1976 had estimated that there were about 600,000 active cases of tuberculosis — patients who could transmit the disease to healthy people. This did not include dormant cases. It had also been estimated at that time that there would be 150,000 new cases in every succeeding year. Based on those studies the estimated number of active tuberculosis patients today could be 1.2 million, he said.

Dwelling further on the past studies, Comrade Dr. Befikadu said that between 1953 and 1955, experts from the United Nations International Children's Emergency Fund (UNICEF) and the World Health Organisation (WHO) along with their Ethiopian counter-parts had covered all administrative regions and tested people exposed to tuberculosis. Out of the 600,000 people tested, average prevalence of tuberculosis was found to be 40 per cent which meant that 40 per cent of the population studied had come in contact with TB bacilli. Two per cent of those tested had actually been exposed to the disease. "If you take the case of a major urban centre like Addis Ababa, among the people above the age of 20 about 83 per cent have been in contact with the tuberculosis bacilli. This information is not intended to scare the people but to persuade them to get preventive vac-

cinations provided by the Addis Abeba Centre and the centres in Harar and Asmara as well as health offices in many parts of the country." On behalf of the Ministry of Health he sought the co-operation of the mass media in eradicating the scourge of tuberculosis he said.

Pilot Project

As a prelude to the launching of the national tuberculosis control programme, a pilot project is being implemented in the Hafikotch-Butajira Province of Shoa where seven centres, six of them health stations or clinics, have been operating since last September to render service and at the same time to collect data necessary for the implementation of the programme.

During a recent visit to the Limu hospital in Kambata-Hadiya Province of Shoa, Comrade Dr. Befikadu had found out that tuberculosis ranks second in the category of ten communicable diseases — the first being gastritis which is a minor ailment. He described this province as a high prevalence area because of population congestion as this province has 2.5 million inhabitants.

The TB specialist said: "Tuberculosis is not a problem of the urban areas only. It is a problem of the rural areas where 90 per cent of the country's population live. As such TB control centres should have been established in all the rural areas. The main purpose of the national control programme is to expand operations to the rural areas in a planned, organised, co-ordinated, supervised and evaluated way. Our main function will be to teach and train people so that they can actively participate in TB control. It will mostly be a supervisory and guideline giving programme."

Answering questions, Comrade Dr. Befikadu said that isolation of active TB cases is extremely important to control the spread of the disease. Therefore, much stress is being laid in health education at the Addis Ababa and other centres where infected people are advised how to behave in order not to spread the disease. The problem of isolation is very difficult in the country where a whole family lives in one tukul. "It is not realistic to ask such patients to build another room and so we teach them, particularly those with chronic disease, not to cough or sneeze in front of others and to keep their mouths closed so that the virus will not be contracted by the entire family. They are also taught how and where to spit," he said.

Health education, Comrade Dr. Befikadu added, is not only verbal. Fourteen types of posters in seven different dialectics of the country are prepared and distributed by the Centre in Addis Ababa which also runs a sanatorium in the Entoto hills with 190 beds. The TB centres in Asmara and Harar have 100 and 60 beds respectively. In addition some general hospitals have a few beds for TB patients.

Comrade Dr. Befikadu made it clear that his institution only handles a very insignificant number of cases. The average number of cases being treated by the Addis Ababa Centre is between 200 and 300. Most of the patients prefer to wait and go to Addis Ababa instead of consulting the health officers in their respective areas. Many patients, who have to cover long distances, die even before they are seen by health professionals. Therefore, he said, it is difficult to assess the number of deaths of TB patients.

Discussing the social aspects of the disease, Comrade Dr. Befikadu noted that many patients voluntarily interrupt the treatment and come back to the centre when the symptoms resume. At one point they develop resistance to the drugs. In the Addis Ababa centre alone some 50 per cent of the patients do not show up regularly. However, the health assistants have recently contacted peasants associations to persuade patients to continue their treatment. At the same time kebele health workers are trained to follow up cases and distribute the drugs. Everything is being done to ensure prompt distribution of tablets and to persuade patients not to interrupt treatment.

The tuberculosis control, cure and prevention services, Comrade Dr. Befikadu said, are rendered free of charge. The UNICEF and the WHO provide most of the assistance like drugs and X-ray films. Through such aid, some seven million people have already been vaccinated by BCG as a preventive measure. He stressed that all people should get cultural test and BCG vaccination as a first step to check the growth and spread of the disease.

CSO: 5400

BRIEFS

VACCINATION CAMPAIGN--Gondar--Children below the age of two years, residing in Gondar and its vicinity, are being vaccinated against contagious diseases by the Epidemics Control Department of the health branch office in Gondar region. The innoculation campaign which started last March in Gondar is being given against tuberculosis, chicken pox, polio, tetanus, diptheria and other symptoms, it was learnt. It was also noted that a vaccination campaign will be launched in the towns of Debre-Tabor, Dabat, Debark, Kola Diba and Addis Zeman, all in Gondar region before the end of this month. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 16 May 80 p 6]

CSO: 5400

RECOMBINANT GENETIC RESEARCH DISCOVERY IN VIRAL HEPATITIS

Paris LE MONDE in French 4-5 May 80 pp 1, 7

[Article by Jean-Yves Nau]

[Text] French researchers have succeeded in producing a fraction of a virus from mouse cells.

During an international congress on hepatitis and cancer of the liver, held recently in Senegal, under the care of the Dakar Faculty of Medicine and the Tours Institute of Virology, professor Pierre Tiollais, head of the laboratory at the Pasteur Institute and director of the genetic research group of the National Institute of Health and Medical Research (INSERM), announced the results of work undertaken by a group of French researchers, which included scientists from the INSERM, the National Center for Scientific Research (CNRS) and the Pasteur Institute.

This research work, which could be the source of the new method of obtaining a viral protein necessary for the production of vaccine for type B viral hepatitis, indicates henceforth a new and important success in the techniques of genetic recombinations.

Ever since professor Baruch Samuel Blumberg undertook research in 1964 on the Australia antigen--for which he was awarded the Nobel Prize for medicine and Physiology in 1976--the scientific knowledge in the field of viral hepatitis has increased most rapidly. The discoveries concerning the structure and the epidemiology of the viral agents responsible for this disease have permitted the perfecting of various means of prevention. It has been known, for the last several years, that the only chapter of viral hepatitis covers in fact different types of viruses classified according to their type A, B, or by exclusion, "non-A, non-B".

One of these viruses, that of type B hepatitis, is the cause of a well-spread disease throughout inter-tropical Africa and in certain regions of Asia. It is believed that 150 to 200 million individuals are "chronic carriers" of this virus. Moreover, this disease is thought to be at the

source of a process leading to an early stage of liver cancer (LE MONDE, 8 September 1979). In the industrialized countries, type B hepatitis is mainly found in a "high risk" group which includes hospital staff, patients in hemodialysis centers (artificial kidney) and those receiving multiple transfusions.

In the last years, different teams throughout the world have been working on the development of a means for prevention for type B hepatitis. In 1976, professor Philippe Maupas and his team from the Virology Institute of Tours announced the perfecting of a vaccine, developed from a fraction of a virus of type B hepatitis, its membrane of HBs antigen. Since 1976, this vaccine--produced in collaboration with the Pasteur Institute--has been administered in France to approximately 2500 persons, either sick people or personnel of 28 hemodialysis centers. It remains, in conjunction with the American company Merck Sharp and Dohme--which has undertaken human experimentation--the only means of prevention by specific immunization in existence in the world.

The HBs antigen necessary for the preparation of this vaccine is presently supplied by the serums of blood donors, where it can be clearly evidenced, serum called "HBs (or Australia) positive", potentially infectious, and thus, not used by blood transfusion centers. The probable decrease of these "risk" serums, through the extension of the vaccine and through the development of important prevention campaigns in the zones where hepatitis is most frequent, leads one to believe that eventually this source will become scarce or even disappear.

Therefore, within the last few months, the techniques of genetic recombinations represent in this field one of the most interesting avenues with regard to obtaining this antigen through various means. Their principle consists in synthesizing this viral protein structure using a cell whose genotype (genome) has been modified following the "incorporation" of a foreign genotype. Approximately a year ago (LE MONDE, 13 April 1979), the incorporation of part of the genome of type B hepatitis virus into a bacteria (Escherichia coli) seemed to be a good possibility for the future. However, presently, this research work is facing considerable difficulties namely concerning the purification of the synthesized product.

On the other hand, the results from research work announced by professor Pierre Tiollais at the conference "hepatitis-hepatome"* of Dakar and conducted jointly with INSERM, CNRS and the Pasteur Institute** seem more promising. They also represent a turn in the research work using genetic

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* "The World of Medicine" dated May 7 will devote a document to the entire research work presented at the Dakar Conference.

**The research of the French team will soon be published in the Proceedings of the National Science Academy of U.S.A. in English...This research work was conducted jointly by Mr Haui-Fraucoise Dubois, Christine Pourcel, Mr Charles Chany and Mr Pierre Tiollais.

recombinations. This research has in fact been carried out using a culture of eucaryote cells (cells in which the nucleus is separated from the cytoplasm by a membrane) and not, like most of the preceding research in this field, using bacterial cultures, procaryote cells (without nuclei).

This main difference undoubtedly explains one of the most interesting aspects of this work. Indeed, since it was possible to integrate a plasmid (fragment of DNA), constituted by the total genome of the type B hepatitis virus, into the deoxybonucleic acid (DNA), support for the genotype, the cell culture (group of mouse cells) is capable of producing by itself a relatively important quality of HBs antigens.

According to the elements available presently, this antigen seems to possess a structure identical to that of the HBs circulating in the serum of the sick that have been contaminated by the type B hepatitis virus. Its dimensions (22 nanometers), its configuration under electronic microscope, the immunological reactions recorded to date, seem to confirm that we have at our disposal the same product that was used to produce the presently existing vaccine. Explains the professor Tiollais: "Everything is happening as if the mouse cell is capable of not only integrating the gnome, manufacturing the synthesis of polypeptides, but also of assembling them and ensuring the excretion outside of the cell."

This work, which represents indisputable progress in the field of genetic recombinations, raises straight off a certain number of questions, prior even to being able to use it in the preparation of a vaccine. One could ask why, for example, even though the totality of the viral genome is integrated, only the HBs structure is synthesized by the mouse cell, in preference to the other viral structures (for example, the HBs antigen).

The production, which would necessitate at the minimum being able to multiply by ten so as to envision an industrial application, will raise the problem of the use of such a vaccine obtained from "transformed" cells--when the pureness and "vaccinating quality" criteria are defined. The group of mouse cells used, in fact no longer possess the characteristics of normal mouse cells. It is, furthermore, precisely this difference which allows--owing to the infinite multiplication power it confers--the possibility of obtaining "continuously" the synthesized protein. However, to date, no authorization for the use of such a product has been granted. True, the problem had not yet been raised.

If they do not upset the present possibilities of specific prevention of type B hepatitis, the results of this work, however, give evidence of some progress in the field of genetic recombinations. This work could also open up, through the use of mammal cells, a new field of application in this area.

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CSO: 5400

FOUNDATION FOR APPLIED GENETIC RESEARCH PROPOSED

Paris LE MONDE in French 8 May 80 p 44

[Text] The Bank of Paris and of the Pays-Bas envisions creating a firm to do research in the field of genetic engineering. Preliminary conversations on this subject are taking place presently with the authorities, and it is said, with potential industrial and financial partners.

The firm, that could be baptised Transgene, would have as its ambition, like that of firms such as Cetus Genentech in the United States, or Biogen in Switzerland, the perfecting of new procedures for industrial purposes, using as a source the important potentialities of genetic engineering. Like those that have preceded it, Transgene would call upon the assistance of highly qualified scientists, basically as "consultants".

Paribas is not the only French banking group interested in the possibilities of modern biology. However, it is apparently the first, to date, to try and take position in a sector of the future, which represents one of the present government priorities. In this light, the participation of French scientists seems desirable. Contacts have therefore been made, namely with the general delegation for scientific and technical research, to define the relationships that the new firm could have with public research organizations. Four of them* created, several months ago, an economic interest group which also aims at conducting research work in this same field, with the participation of most of the wellk-kown French specialists.

A certain competition between this group, baptized "G-3" and Trangene seems hardly avoidable. Paribas has therefore, in its initial conversations, submitted several proposals, aiming in particular at facilitating the collaboration of the researchers from the public sector. One of the proposals would consist in sharing the capital of the firm between four categories of shareholders: "normal" shareholders (Paribas, of course,

*The four involved are the Pasteur Institute, the National Center for Scientific Research, the National Institute of Agronomics Research, and the National Institute of Health and Medical Research.

with other financial or industrial partners, of which Sanofi (extention unknown) could be a part), public research organizations (in particular the partners of "G-3"), a foundation managed by researchers, and whose profits would go towards basic research, and scientific personalities. These last three categories of shareholders would receive gratuitously their share of the capital. This proposal, of course, raises numerous judicial problems which are presently being examined.

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CSO: 5400

BRIEFS

CHOLERA IN ANDHRA PRADESH--Hyderabad, April 21.--One hundred and ten people have died of cholera in Karimnagar district of Andhra Pradesh during the past month, the State Health Minister said here today, reports PTI. In Dhanbad, adds UNI, the disease has claimed 12 lives in the past three weeks. The District Congress(I) Committee chief and member of the dissolved Assembly Mr Y.P. Yogesh, said a large number of people were suffering from diarrhoea, jaundice and other diseases. Medical experts say consumption of dirty water by the people of the district has led to the outbreak of such diseases. Mr Yogesh alleged that even polluted water was being sold at high prices and that the administration was apathetic to the people's problems. The water crisis continues to be acute in the district. [Text] [Calcutta THE STATESMAN in English 22 Apr 80 p 11]

JAUNDICE OUTBREAK--Lucknow, April 20.--Jaundice has broken out in several parts of Uttar Pradesh. The Medical and Health Department has intensified a drive for controlling the disease. Arrangements for treatment have been made in all the hospitals and primary health centres of the affected areas and adequate medicines have been made available. A team from the All-India Institute of Medical Sciences, Delhi, is engaged in studying and controlling the disease at Azamgarh and a team from the National Infectious Diseases Institute, Delhi, is at Badaun. [Text] [Calcutta THE STATESMAN in English 21 Apr 80 p 9]

JAUNDICE EPIDEMIC CLAIMS 23--New Delhi, May 20: A juandice epidemic claimed the lives of at least 23 youths in the Azamgarh district of Uttar Pradesh state, about 600 kms (375 miles) east of here, during the past week, according to reports reaching here today. About 100 others were being treated at hospital. Most of the victims were young boys from the rural areas, the reports said.--AFP [Text] [Karachi DAWN in English 21 May 80 p 1]

CSO: 5400

CHOLERA INCIDENCE IN NAIROBI, KIBERA

Nairobi DAILY NATION in English 31 May 80 p 4

[Text] Ninety-seven cases of cholera have been positively identified in the city, health officials stated yesterday.

The Medical Officer of Health, Dr. W. N. Mugo, told a press conference that the cases were almost entirely from Mathare Valley.

However, he said only one person had died of the disease in the city; a girl who had come from abroad and her case was too advanced when she was admitted to Kenyatta National Hospital.

The medical officer said about 2,000 diarrhoea cases were examined.

Dr. Mugo said the first confirmed cholera case in the city was on May 15 of a Mathare Valley resident. "Immediately following this report, the City Council's Public Health Department intensified the anti-cholera measures it had already taken within the area."

These measures he said, included tracing cases with cholera symptoms and any contacts of the identified cases, disinfection and disinfestation.

He thanked the Ministries of Health, Local Government and Urban Development, the provincial administration and the Kenya Police who contributed to the success of the disease-control measures.

He made a special appeal to the rest of the city residents to respond and co-operate with the officers to enable them to contain the disease quickly.

"Use of vaccination only gives limited immunity to about 30 to 50 per cent of the people vaccinated. It should not give a false sense of security and complacency as this will lengthen the period needed to control the disease and a return to normalcy, he explained.

He said the medical team would be moving to Kibera where some cases have also been identified.

The surest way of avoiding cholera, the health chief said, is by observing personal hygiene at all times. General sanitation of premises and toilets must be kept very high, said Dr. Mugo.

CSO: 5400

NEW CHOLERA CASES REPORTED

Nairobi Area Cases

Nairobi DAILY NATION in English 26 May 80 p 1

[Text] Health officers by yesterday had confirmed 46 cholera cases in Nairobi's Mathare Valley residential area.

The area, with a population of more than 100,000, has been under surveillance since 12 May when the disease was diagnosed in the area.

Medical surveillance teams from the Ministry of Health and the City Council are operating in the valley in an effort to curb the worsening situation.

The outbreak has already claimed one death. A 15-year-old girl died after admission at the Kenyatta National Hospital last week.

Claims that the child had contracted the disease in Uganda, had been denied by an official in the surveillance team.

He explained that the disease was discovered in Mathare on 10 May. The girl was in Uganda on 14 May and contracted the disease on 15 May when she returned to Kenya.

The number of cholera victims in Kitale town has risen to 10, Kitale medical officer of health, Dr J. B. Kimtai has confirmed.

The medical officer also said four other people were suspected of having contracted the disease.

Since the deadly disease first struck the town a few days ago, concerted efforts have been deployed by the Ministry of Health and the municipal health department to contain the outbreak.

The victims were from Malidadi Primary School and the densely populated low cost estates of Kisongo and Tawani [?].

Mombasa Cases

Nairobi DAILY NATION in English 27 May 80 p 3

[Excerpt]

AN undisclosed number of cholera cases have reportedly been admitted to Port Reitz Health Centre, Mombasa.

But the local health authorities have not established the origin of the cases.

Well-informed sources, confirming the cases, told the NATION yesterday that several people have been admitted after being suspected of having cholera.

"After diagnosis, it was found that some cases were positive and were confined to a special wing for treatment", the sources said.

The Mombasa Municipal Council recently authorised its Health Department to spend about 80,000/- towards the anti-cholera campaign.

CSO: 5400

BRIEFS

MENINGITIS CASES--An outbreak of cerebrospinal meningitis has claimed the lives of four school children in Zango village of Gezawa Local Government area of Kano State. This was revealed by the head of medical unit of the area, Alhaji Saidu Mohammed, during an interview. Alhaji Saidu said, however, that already the Kano State Ministry of Health had sent a team of medical experts to the area to fight the disease. [Excerpt] [Kaduna NEW NIGERIAN in English 26 May 80 p 1]

VACCINE STORAGE PROBLEM--The Federal Minister of Health, Mr. D. C. Ugwu, has spoken of the "unimpressive result" of large sums of money being committed to immunisation programmes in the country. The minister revealed that the current level of vaccine wastage in the country stood at 40 per cent due to poor vaccine storage facilities. Last year alone, over 1,093 deaths resulted from about 153,285 recorded cases of measles, whooping cough and tuberculosis. The minister disclosed that researchers had since discovered that the lack of success in the country's immunisation programmes was partly due to the breakdown of the cold chain system of vaccine storage. Mr. D. C. Ugwu revealed this fact in his address to the opening of the National Cold Chain System Workshop on storing vaccines read on his behalf by the Presidential Liaison Officer in Kano State, Alhaji Lawal Kaita, in Kano on Monday. The purpose of the workshop, he went on, was to explore exhaustively the effectiveness of the cold chain system in relation to its contribution to the success of the expanded programme on immunisation and the basic health service scheme. [Excerpt] [Kaduna NEW NIGERIAN in English 28 May 80 p 24]

CSO: 5400

BRIEFS

MEASLES EPIDEMIC STEMMED--After 2 months of struggle against centers of measles infection in the Tintane and Kobeni areas, the chief physician stated to the Mauritanian press agency [AMP] in Aioun that the epidemic of measles which raged in the Hodh el Gharbi region has been stemmed. [Excerpt] [Nouakchott CHAAB in French 4 Jun 80 p 7]

CSO: 5400

ADOPTION OF MEASURES AGAINST CHOLERA OUTBREAK

Vaccination Campaign

Maputo NOTICIAS in Portuguese 11 May 80 p 3

[Text] Today, anticholera vaccination brigades will go into action in Maputo in the Maxaquene, Polana-Canico and Nhagole barrios. Ministry of Health branches have initiated measures to combat cholera outbreaks which have appeared in some barrions, as we have already mertioned, and to safeguard public health.

As Jorge Cabral, the national director of preventive medicine, mentioned, the present situation is under control and there are consequently no new cases which might denote the spread of the disease.

Jorge Cabral also pointed out that this improved situation is due in large part to the throngs of people seeking vaccinations and also to the correct use of preventive measures and sanitation in the suburban areas.

However, in order to eliminate without delay the known center of contamination, it is imperative that the people continue to resort frequently to the vaccination stations. They should also refer severe cases of diarrhea and vomiting immediately to the district health center or to the Maputo Central Hospital emergency service.

Disease Control

Maputo NOTICIAS in Portuguese 15 May 80 p 2

[Excerpt] Preventive measures are being intensified against the cholera outbreak detected in Maputo on 27 March. In fact, since the initial outbreak of this disease up until the 12th of this month, there have been only 4 deaths out of the 146 cases of this disease. Meanwhile, about 300,000 people have already been vaccinated in the Greater Maputo area.

As the national director of preventive medicine, Jorge Cabral, stated, the low mortality rate shows "that if, on the one hand, the people are adhering

to the basic rule that they should immediately refer to the health center any case whatsoever of diarrhea, thereby making it possible to detect the disease from the very onset, on the other hand, it also shows that the remedies which we now have at our command are effective for the treatment of cholera."

Health workers have been giving special daily attention to every suspected case, whether or not the patient is interned in the Central Hospital. Whenever they detect cholera cases, the Ministry of Health immediately dispatches mobile brigades which together with the stationary brigades in the barrios affected, undertake research into the control of the patients' housing areas (among others, questions regarding food and the neighbors' situation).

In the preventive medicine field, tens of thousands of people have received health instruction at meetings which brigades connected with the barrios have held for this purpose. As the national director of preventive medicine emphasized, "the people have responded extremely well to the directives issued by the health organizations, all of which leads one to believe that, by means of this cooperative action, the cholera outbreak will be under control within a short time."

In this same authority's opinion, the mobilization and response of the people regarding sanitary measures is greater in the suburbs than at the city level.

Consequently, within this week they will have to launch a sanitation education campaign for the inhabitants of the city since the latter has not been as efficient as the suburban areas.

In keeping with the plan which the Department of Preventive Medicine has drawn up, vaccinations in the capital continue to be more frequent in suburban areas. According to the program adopted, six brigades, which daily visit the barrios, are carrying out this routine. As a result, they have so far vaccinated about 300,000 people. Vaccination is to be continued in 14 health centers in Maputo, particularly in the evening.

8870
CSO: 5400

BRIEFS

60 CHOLERA CASES, 3 DEATHS--At a meeting at the Ministry of Health, the Mozambique News Agency was informed that the ministry is making strenuous efforts to control the outbreak of cholera in the Maputo area. The measures taken by the ministry include massive vaccinations in some wards and explanations by vaccination teams to the population on the importance of vaccination and hygiene as a means of promoting healthy conditions. From 22 April to 2 May, 60 cases of cholera were confirmed in the Maputo area. Three deaths have been registered. The outbreak was first noticed in (Nguanine) ward, and sporadic cases were later confirmed in almost all Maputo wards. A special center has been set up at Maputo central hospital for the isolation and treatment of those infected and checks on passengers at Mavalane Airport are in force. [Excerpts] [LD062022 Maputo Domestic Service in Portuguese 1900 GMT 6 May 80]

CHOLERA IN MOZAMBIQUE--Some 126 cases of cholera have been confirmed in Maputo since 27 March 1980. Four deaths have been registered, according to the MOZAMBICAN NEWS AGENCY. [Excerpt] [Luanda Domestic Service in Portuguese 0530 GMT 16 May 80 EA]

CSO: 5400

SLEEPING SICKNESS STILL REPORTED IN THREE STATES

Kaduna NEW NIGERIAN in English 13 May 80 p 9

[Article by Suleiman Dangana]

[Text]

SLEEPING sickness is still being reported in Plateau, parts of Gongola and Benue states.

Disclosing this to the New Nigerian last weekend, the Chairman of the Board of Governors of the National Institute for Medical Research, Lagos, Professor C. Nwokolo said that apart from these states, the disease had been wiped out in all other states in the federation.

Professor Nwokolo explained that the situation in these states was because of mango trees planted in the areas by the colonial masters in the past. He added that the trees served as a source for the spread of the deadly disease because tse-tse flies sucked the fruits of the trees which people later consumed.

By this, Professor Nwokolo said, the people got infected by the disease. He however, gave the assurance that the affected states had been mapped out for action.

He stated that medical personnel were being sent to the states concerned to immunize the people against the deadly disease. According to Professor Nwokolo, branch offices of the institute were also to be opened in the states in due course to check the disease.

This, he said, would serve as a long-term measure to wipe out the disease from the country.

Speaking on the structure of the research institute, the chairman said it was divided into various departments to reflect the areas of the country's major health priorities.

He added that the institute had co-ordinated research programmes with some of the universities in the country.

Professor Nwokolo suggested that each research department be headed by a director for effective co-ordination.

CSO: 5400

BRIEFS

CHOLERA IN ANAMBRA--The Anambra State Health Management Board has confirmed that cases of cholera exist in Ikwo and Ishielu local government areas of Abakaliki. The chairman of the board, Mr Chris Efobi, told the News Agency of Nigeria (NAN) in Enugu that the State's Ministry of Health had launched an anti-cholera campaign aimed at checking the outbreak of the disease. He dismissed as "mere rumors" the report that more than 100 persons had died in the areas within the past few days as a result of the outbreak. [Text] [Lagos DAILY TIMES in English 22 May 80 p 5]

CSO: 5400

SHORTAGE OF MEDICAL MANPOWER AND FACILITIES

Karachi DAWN in English 31 May 80 pp 1, 8

[Text] Medical experts have viewed with concern the increasing shortage of medical manpower and facilities in the country. They say that the medical manpower is depleting with the increase in the country's population.

If corrective measures are not taken and the medical manpower and facilities are not increased by giving incentives to the existing manpower and by setting up medical institutions in the private sector the situation will reach a point of no-return.

According to the official figures available, there is one doctor for 5,840 persons, one dentist for 73,352 persons, one hospital bed for 1,666 persons, one nurse for 17,860 persons, one nurse for every three doctors, one para-medical staff for 3,144 persons, and one primary health centre for 13,128 persons.

The profession of nursing is being ignored and not many young girls from decent families with educational background are coming forward. The reason is obvious--the nursing profession which is theoretically considered to be a noble profession, is practically a low-paid job and nurses are not looked upon in the society with the respect that they deserve.

In this connection, it will not be out of place to mention that there are only 28 nursing schools, with not a very good standard, and these schools are turning out 500 nurses annually. This number is inadequate considering the growth in our population. At present there is one nurse for every three doctors, but from the point of view of medical experts, it should be the other way round, that is, there should be three nurses for one doctor.

Nurses role in the hospitals and in the medical care of the patients cannot be minimised. A doctor is not available at the bedside of the patient all the time, but a nurse is always there. Therefore, she has to be highly qualified and dedicated--and both these things cannot come without proper incentives given to them by the Government as well as private medical institutions.

According to the available statistics there are 4,300 practising nurses in spite of the fact that 500 are turned out each year. They generally leave the country for better prospects. In hospitals, there is one nurse attending 25 patients.

According to the Pakistan Council of Nursing there should be one nurse for three patients in hospital. This is being further improved by one nurse for every two patients at the proposed Aga Khan Hospital and Medical College in Karachi which will have nearly 700 beds.

The Aga Khan Medical College will have a Nursing College, too, and after four years' training the nurses will be paid Rs. 2,000 per month plus good accommodation. During the training after Intermediate Science for four years, a stipend of Rs. 500 will be paid to them. The training might start by the end of this year.

The Aga Khan Hospital and Medical College will thus hope to fill the gap of the doctors, nurses, and para-medical staff etc. The Hospital will see to it that not one of them will leave the country. Instead, they would attract those already abroad.

There are 16 medical colleges in the country at present and they turn out 3,906 medical graduates annually, yet there is only one doctor available for 5,940 persons.

In the field of dentistry much is being said, but official figures say that there are only 1,047 dentists practising in the whole of the country, and the ratio comes to one dentist to 73,352 persons.

There are 539 hospitals in the country with a total of 46,092 beds available for a population of over seventy million and the ratio comes to one bed for 1,666 persons.

There are 5,850 primary health centres, with one centre for 13,128 persons.

There is one rural health centre for 191,335 persons, and this shows that the conditions prevailing in the rural areas are far too alarming. There is one basic health unit/dispensary for 13,128 persons in rural areas, which constitute 80 per cent of our population.

In rural areas, there is one doctor for 5,940 and one nurse for 17,860 persons.

CSO: 5400

BRIEFS

CHOLERA OUTBREAK--Cholera has broken out at the Rangsit refugee transit centre, killing one six-year-old boy and halting resettlement of refugees from the centre. Seven other refugees have been admitted to a hospital with confirmed cholera infections while others are being treated for acute diarrhoea. The outbreak of cholera at the centre housing some 5,000 Vietnamese, Lao, Kampuchean and Meo refugees was first detected on April 25 when the Bangkok central hospital admitted two patients suffering from acute diarrhoea. Diagnosis revealed that both refugees were suffering from cholera. The seven cholera victims were reported to be in satisfactory condition and may be able to leave the hospital soon. An official said that resettlement activities would continue when there are concrete signs the disease has vanished. At present, there are fewer cases of diarrhoea reported at the centre, he said, following precautionary measures taken in terms of sanitation and food control. He said that the centre could be announced as free of cholera soon. [Virayot Chatthabuti] [Excerpts] [BK140111 Bangkok BANGKOK POST in English 14 May 80 p 1]

CSO: 5400

BRIEFS

SLEEPING SICKNESS--Sleeping sickness outbreak has been reported in Luzinga sub-county, Kamuli District. The district commissioner, Mr Hezzy Kafureka yesterday assured the people of the area that steps were being taken to bring the situation under control. [Text] [Kampala UGANDA TIMES in English 20 Mar 80 p 8]

CHOLERA OUTBREAK--The medical authorities in Kapchorwa District have urged the people in the district to follow health regulations following an outbreak of cholera in the area which according to the reports has so far claimed 12 lives. [Excerpt] [Kampala Domestic Service in English 0900 GMT 16 May 80 EA]

CSO: 5400

POLIO CASES REPORTED AT HARARE

Salisbury THE HERALD in English 11 Jun 80 p 3

[Text]

FOUR cases of polio have been admitted to Harare Hospital in Salisbury this year.

This became known yesterday after the Herald received a letter from a consultant doctor there disputing a recent statement by the City Health Department that the first case "in years" was being treated at Wilkins Infectious Diseases Hospital.

Dr Tinarwo Mamvura, a neurologist, wrote that he had seen three cases of paralytic poliomyelitis at Harare Hospital in the past six months. The children were all from the Salisbury area.

Told of the letter, a hospital spokesman confirmed that four cases had been admitted this year.

Dr Mamvura wrote: "If the City Health Department is referring to white children not having been admitted to hospital for a long time with paralytic poliomyelitis then their assertion is unchallenged. But if they are talking about black patients being in their hospitals then they are cheating the public."

He added: "It is high time that our society learns to co-ordinate its information about important matters that concern the public.

"I suggest that anyone wishing to make public statements about specialised subjects should first consult the experts in those fields, even when the experts happen to be black."

Asked to comment, Salisbury's Medical Officer of Health, Dr Tony Davies, said the last case of the disease was notified to the Health Department on January 10 and was from Beke, Chitungwiza.

"If your correspondent has seen three cases of poliomyelitis in Salisbury children in the past six months then he has not seen fit to notify this department."

Doctors were required by law to notify cases of polio — "and most do it by telephone as a matter of extreme urgency".

He added: "We tend in this department to talk about children — not black or white —and it is a little steep to accuse us of racial discrimination by producing three cases which have not been notified.

"All cases of infectious disease are investigated in the same way by staff of this department regardless of the ethnic origin of the patient."

The Harare Hospital spokesman confirmed yesterday that it was the responsibility of the consultant in charge of the case to notify it.

CSO: 5400

BRIEFS

FOOT AND MOUTH DISEASE--The foot and mouth outbreak in southern Rio Grande do Sul State has reached a critical point and there is not enough vaccine to cover the situation, according to the chief of the Animal Health Department of the Agriculture Secretariat. The most affected areas are: Pelotas, Sao Lourenco do Sul, Camaqua, (Barra do Ribeiro) and Guaiba. The main laboratories that produce foot and mouth vaccine, located in Sao Paulo, Minas and Ceara, cannot confirm when they will be able to send a sufficient amount of vaccine to the affected region. [Porto Alegre Radio Gaucha in Portuguese 1345 GMT 13 May 80 PY]

SWINE DISEASE FEARED--Rio Grande do Sul Deputy Aldo Pinto, of the PTB [Brazilian Labor Party], received clarification yesterday from the federal government about African swine fever, which according to Ubaldino Dantas Machado, of the Brazilian Agriculture and Livestock Research Enterprise (EMBRAPA), has never existed in Brazil. The parliamentarian said that, on the basis of this official statement, the authorities are under suspicion of "conspiracy with multi-national interests to destroy the swine-breeding economy for the benefit of international groups." He added that in the light of the announced existence of the plague in Brazil, 300 families of swine breeders were forced to leave the state and even the country. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 23 Apr 80 p 28] 5157

CSO: 5400

PARVO VACCINE TO BE DISTRIBUTED COUNTRY-WIDE IN SUMMER

Copenhagen BERLINGSKE TIDENDE in Danish 17 May 80 p 5

[Article by Rasmus Vigen: "New Dog Vaccine Against Deadly Disease Secured"]

[Text] Large amounts of parvo vaccine are on the way to Denmark from the United States. Thus far Denmark is the only country outside the United States to receive the vaccine, which will protect Danish dogs against the feared Parvo viru diarrhea, that reached Denmark last year. For the moment the disease is raging in the Arhus area.

Fleming Velin of the ScanVet medical firm in Fredensborg met in January with Dr T. Jessen, chairman of the board of Dellen Laboratories in the United States. Dr Jessen emigrated to the United States at the age of three. Dr Jessen was so happy to hear Danish spoken once more that when, 6 days later he obtained a production license from the American Department of Agriculture, he promised to do his best to see that Denmark's need for the vaccine was met.

"We expect to receive about 50,000 doses about 1 June, and another 50,000 shortly thereafter," says Fleming Velin. "The vaccine will be apportioned fairly all over the country, and as of the middle of June there will be no shortage anywhere." The feared virus attacks small pups in particular. The area around the heart is attacked, and paralysis occurs, with death as the result. Older dogs vomit and suffer bloody diarrhea for up to 3 weeks when the disease strikes them. Veterinary Niels Stadsvold, Arhus, says that nothing can be done for the animals once the disease attacks. "Normally, the disease is not fatal to healthy adult dogs," he says, "but pregnant dogs and pups should be vaccinated immediately, twice at intervals of 2 to 4 weeks, and thereupon once each year. In Arhus the price is about 210 kroner for both vaccinations. In Copenhagen the price is a bit higher."

In Arhus there have been 45 cases of the disease recently, with five dogs dead thus far.

11,256
CSO: 5400

INSTITUTE TO RESEARCH NINE MAJOR ANIMAL DISEASES

Addis Ababa THE ETHIOPIAN HERALD in English 28 May 80 pp 1, 3

[Text] Debre Zeit (EH)--The National Veterinary Research Institute (NVRI) at Debre Zeit will launch next year a country-wide research programme to study some nine major animal diseases.

In an interview with newsmen here recently Comrade Dr. Zelleke Dagnatchew, Manager of the Institute, said that the research study will cover rinderpest, Foot and Mouth disease, African horse sickness, Fascialiasis, Dictyo Cavliasis, Brucellosis, Tuberculosis, Salmonellosis and Ticks and Tick-borne diseases. He added that the necessary field surveys for launching the programme have already been completed.

In order to meet the ever-increasing demand for biologicals from the field and to intensify the tempo of research which is necessary to obtain maximum benefit from the country's livestock resources, the NVRI is making immense contributions in animal disease investigation and provides valuable information about the various diseases and parasites prevailing in Ethiopia, Comrade Dr. Zelleke said.

Initially only three types of vaccines were being manufactured, while now over 15 types of various vaccines can be produced, he added. Comrade Zelleke noted that not only has the number of vaccines been increased but their quantity and quality have also been improved through the application of modern methods of production and technology, such as the use of freeze drying technique, tissue culture and specific pathogen free eggs. One of the objectives of the Institute, according to the manager, is to produce biologicals, mainly vaccines, for control and eradication of livestock diseases of economic and social effect. Pointing out that in the first nine months ending March this year 72.3 per cent of the set target was attained; he expressed optimism that at the end of the year the Institute will hit the set target. He said in 1980-81 the Institute has a plan to produce some 44 million doses of vaccines.

Comrade Dr. Zelleke said that the biological production laboratory is also producing specific antigens and sera for diagnostic and research purposes in

addition to the production of tissue culture for research and diagnostic purposes. The diagnostic and research laboratory, on the other hand carries out, among other things, research and investigation of diseases and undertakes experiments on nutrition with a view to determining the chemical composition and nutritive value of local feeds and fodders with the ultimate objectives of formulating cheap and economical rations for livestock.

Comrade Dr. Zelleke said that presently four regional veterinary laboratories are fully operational and two additional laboratories will commence operation in the near future. The regional laboratories, according to the manager, mainly carry out investigational work on parasitic and bacteriological diseases but the one in Asmara also produces several biologicals.

The history of veterinary laboratory dates back to the year 1905 when a veterinary institute was established in Asmara with the main objective of producing vaccines and investigating livestock diseases. A second laboratory was set up in the year 1939 near kechene Medhane Alem Cathedral which was transferred to Gulele, Addis Ababa, ten years later under the aegis of the Ministry of Agriculture, he said. This was subsequently transferred to its present site at Debre Zeit in 1963, where it developed into a full-fledged National Veterinary Research Institute with the collaboration and financial assistance of the World Bank, United Nations Development Programme and the French Government, he said.

CSO: 5400

BRIEFS

RINDERPEST, TUBERCULOSIS INOCULATIONS--Assela--A total of 2,007,208 livestock were vaccinated against rinderpest and tuberculosis following a work campaign conducted in the last five months by the Livestock Resources Development and the Veterinary Department of the Arssi Rural Development Agency. Dr. Assefa Adane, the head of the Department disclosed that 1,422,779 livestock were vaccinated against rinderpest while 1,422,779 received innoculation against tuberculosis and 584,229 against various cattle diseases, during the vaccination campaign, which was conducted from the middle of the last October until the middle of March. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 16 May 80 p 6]

CSO: 5400

RABIES SAID OF EPIDEMIC PROPORTIONS AMONG KUDU

Johannesburg RAND DAILY MAIL in English 5 Jun 80 p 2

[Text] Windhoek--Rabies, now rampant among kudu in South West Africa, is reaching epidemic proportions.

This was confirmed by the deputy director of veterinary services in SWA, Dr John Shaw. He said the disease, which broke out in the Okahandja district in central SWA about 2 1/2 years ago, was killing thousands of kudu.

The rabies zone now covered 48 000km^2, stretching from Otjiwarango in the north to about 40km south of Windhoek.

Dr Shaw said that without an effective vaccine the disease would rapidly spread.

He was confident that experimental vaccines being evaluated at Onderstepoort, near Pretoria, would combat rabies. But the difficulty would be to find a way of administering them.

The decimation of SWA's kudu would deal a serious economic blow to the territory. Kudu are a major tourist attraction and an important moneyspinner in the multi-million rand game meat industry.

Already, importers of SWA kudu meat have refused to accept any from the infected area. This is despite evidence that the meat is safe for human consumption because the virus has a very short life after the animal dies.

The handling of live and freshly killed affected animals was the biggest threat to human health.

The SWA hunting season started last week and Dr Shaw has urged anyone coming into contact with animals in the rabies zone to wear gloves.

They should avoid lethargic kudu and animals which were salivating profusely. But he warned that apparently normal buck could also have the virus in their saliva.

Rabies was normaly transmitted by bites, but with kudu rabies was spread by the animals licking each other.

One of the worst hit by the epidemic is a Kalkveld game rancher, Mr Jan Oelofse, who in the past nine months has lost half his kudu--about 500 animals worth R150 000.

He said he found 10 to 12 dead animals on his land each day. A stench of death and decay hung over the 15 000ha ranch frequented by American hunters among whom the kudu is a prized trophy.

He said he and his staff had been innoculated against rabies.

CSO: 5400

FORMER SCIENCE WRITER POINTS OUT RABID DOG SITUATION

Kampala UGANDA TIMES in English 1 Apr 80 p 5

[Letter to the editor by S. K. Aruo, Makerere University, [science writer for the now defunct VOICE OF UGANDA]: "Stray Dogs and Rabies in Kampala"]

[Text] Sir--In the absence of reliable data, it is difficult and in fact, impossible to estimate the incidence of rabies in Uganda today. No such data has been available since 1972.

But judging from cases that are reported from time to time and the testimony of those who have been affected, cases of rabies in both animals and man, it would seem that the disease is widespread, especially in districts west of the Nile.

I met a man from Kigezi who testified that he saw at least 15 people who had been bitten by rabid dogs.

Because of lack of adequate treatment those who knew something about the disease crossed over to Rwanda and Zaire for treatment, and they are likely to have survived. But those who did not know what to do may have perished by now.

The situation in Kampala is even more disturbing. Only recently a stray dog that was confirmed later to have rabies, bit three people in Kampala, inflicting very severe wounds. One of the victims had to be rushed to Nairobi for treatment because anti-rabies immune serum was not available in the country.

The residents of Kampala should have a reason to worry about the safety of their lives. Anyone can imagine what would happen if a dog with rabies entered Nakasero Primary School during break, or Owino Market where there is a lot of human activity.

Much has been said about rabies but little has been done to control the disease especially in the city of Kampala. There are far too many stray dogs in the city. Some have even caused motor accidents. But should rabies get into even ten of these stray dogs the results may be disastrous. The victim could be you or your child or wife.

It would be in the interest of the country as a whole if the City Council could work out a programme for the elimination of stray dogs in and around Kampala. While it is the responsibility of every resident to assist in the control of rabies in the city, the majority do not know what to do. But the City Council has access to expert advice in this respect.

I am confident that the veterinary pathologists at the Faculty of Veterinary Medicine, Makerere University, would assist. What I would suggest is this.

The veterinary department should provide the Faculty of Veterinary Medicine with a reasonable quantity of Euthatal (May & Baker Product) for humane destruction of dogs.

The City Council should arrange to catch stray dogs and transport them to the Faculty of Veterinary Medicine where they will be put to sleep.

The City Council should arrange to dispose of the carcasses after the pathologists have removed what they consider suitable teaching meterials.

With proper planning and diligence this city would be free [of] stray dogs in a couple of months and the rabies scare would die out.

CSO: 5400

BRIEFS

RABIES PREVENTION--The ministry of animal industry and fisheries has issued a dog tie-up order following numerous reports of dog bites followed by deaths of people in many districts in the country including Kampala. Under this order, dog owners in Kampala District must keep their dogs under control. Security, and other government officers including those authorised by the town clerk of Kampala may shoot dogs found wondering about. All dogs in Kampala which are not vaccinated against rabies should be taken to the small animal clinic at the veterinary headquarters for vaccinations on any working day. Anyone bitten by a stray dog must report to the nearest hospital immediately. [Text] [Kampala UGANDA TIMES in English 9 Apr 80 p 8]

CSO: 5400

BRIEFS

WILT ATTACKS BANANAS--"Since 'moko' cannot be cured, the efforts of the technical commission appointed by Minister Amaury Stabile by means of Directive No 102 dated 10 April will be directed toward limiting the spread of the disease in the northern part of the country such as to prevent its reaching the southern region, in particular the state of Sao Paulo, which is the largest Brazilian area producing for export," according to Nady Bastos Benu of the Prophylaxis and Disease and Pest Control Division (DIPAC) and a member of the Technical Commission. "Moko" or bacterial wilt is a disease which has been attacking banana plantings in the northern part of the country and has already been identified in the states of Amazonas and Para and the territories of Amapa and Rondonia. This disease does no harm to man, but destroys the plants and makes production impossible. It can be transmitted by any living part of the banana, by contact and by insect carriers. According to Nady Genu, the Technical Commission faces the difficult task of studying, analyzing, drafting and recommending norms and procedures to eradicate specific centers of the disease, where possible, such as those located in Humaita and on the frontier with Rondonia. [Text] [Brasilia CORREIO BRAZILIENSE in Portuguese 27 Apr 80 p 8] 5157

CSO: 5400

KERALA BATTLES ROOT-WILT DISEASE IN COCONUT PALMS

New Delhi PATRIOT in English 14 Apr 80 p 10

[Text] Trivandrum April 13 (PTI). The 30 year old war against the root-wilt disease which has ravaged almost a third of Kerala's coconut cultivation is being intensified in yet another bid to conquer this debilitating disease of the coconut palm.

The Central Plantation Crops Research Institute's (CPCRI) regional station in Kayamkulam in Central Kerala has taken on hand a new research programme under the Rs 65 crore Kerala agricultural development project being implemented with World Bank aid. The World Bank has sanctioned Rs 33 lakhs for the purpose.

The CPCRI is also negotiating with the British Overseas Development Administration on a bilateral research programme involving exchange of scientists, purchase of equipments and carrying out research on sophisticated items for which facilities now are not available in the country.

Among all the cultivation plants coconut is affected by the largest number of diseases of unknown or uncertain causes, according to CPCRI scientists. More than 20 such maladies have been reported in coconut. India has at least four of them, namely, root (wilt) of Kerala, Thanjavoor wilt of Tamilnadu, Thattipakka and Andhra Pradesh and stem bleeding disease present throughout the peninsular India.

The battle against root (wilt) of coconut has not been won so far. The Kavamkulam research station has been working on it for 30 years now. In fact, the largest number of scientists working on any single plant malady anywhere in the world, is most probably on the root (wilt) disease of coconut at Kayamkulam.

CPCRI scientists have recently evolved two tests involving bio-chemical and serological techniques to detect the presence of the disease in palms that have not begun to show the characteristic root (wilt) disease symptoms. These symptoms are flaccidity, yellowing and wilting of leaves, marginal necrosis of leaflets and root.

CPCRI scientists and the Kerala Agriculture department have been monitoring regularly the speed and intensity of the disease. A few years ago, when the Kayamkulam scientists found that the disease had spilled over the Western ghat into Shenkottah in Tamilnadu, the Institute in cooperation with the Tamilnadu Agriculture department got the diseased palms uprooted and employed other suitable prophylactic measures. The disease has not been seen to recur in this area since.

CPRCI scientists have noticed that farmers are unwilling to destroy the root (wilt) affected palms, since coconut is a perennial plant having five to 12 years of juvenile period before they begin to flower and bear nuts. Another reason noticed for the reluctance of farmers to uproot the diseased palms is that the root (wilt) disease like tuberculosis in man is a wasting disease only causing a gradual decline in yield, but not killing the palm for several years.

CSO: 5400

BRIEFS

NEW PEST RESEARCH LABORATORY--A new pest research laboratory is to be opened on Friday, at Obete near Abeokuta by the Ogun State Commissioner for Agriculture, Mr. Thomas Bamidele Adebayo. The laboratory, which was jointly built by Texaco Nigeria Limited and the International Institute of Tropical Agriculture (IITA), is to conduct research into ways of combating the menace of two newly discovered killer-pests that have been threatening the destruction of cas sava plantations in the country. The two killer pests called the green spider mite and mealybug, were observed some three years ago in Ogun State, Lagos State, Oyo State, Bendel and Anambra States. The two killer pests, which are said to be very prolific breeders, have been causing great concern to Federal and state governments and particularly Texagri, a subsidiary of Texaco, which has large tracks of cassava plantation at Obete near Abeokuta for the mass production of "gari." The new laboratory which, is sited on the Texagri Plantation, will be formally handed over to the International Institute of Tropical Agriculture (IITA) through which all related and interested agencies will conduct research towards the eradication of the killer pests. [Excerpts] [Lagos DAILY TIMES in English 30 Apr 80 p 11]

CSO: 5400

BRIEFS

AN GIANG PESTS--The agricultural sector of An Giang Province is guiding efforts to destroy insects and rats which are ravaging 2,500 hectares of early summer-fall rice. The entire province has organized 69 vegetation protection teams which are helping the various local cooperatives, production collective and production solidarity teams promptly detect the appearance of harmful insects and effectively use various types of insecticides. [BK011259 Hanoi Domestic Service in Vietnamese 2300 GMT 28 May 80]

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16 July 1980